## PART B - FEE(S) TRANSMITTAL

this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block I)

7590

10/07/2003

United States Surgical a Division of Tyco Healthcare Group LP 150 Glover Avenue Norwalk, CT 06856

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Rebecca Layman	(Depositor's name)
RO DECCO Y	tallman (Signature)
actobal 30	(Date)
	<del>J</del>

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/912,700	07/25/2001	John Kennedy	2657	5197	

TITLE OF INVENTION: HIGH CONSISTENCY ABSORBABLE POLYMERIC RESIN

				PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
APPLN. TYPE	SMALL ENTITY	ISSUE FE	E	PUBLICATION FEE	TOTAL TEL(3) DOL	
nonprovisional	NO	\$1330		\$300	\$1630	01/07/2004
EXAM	MINER	ART UNI	Т	CLASS-SUBCLASS	]	
ACQUAH, SAMUEL A		1711	711 525-450000			
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).      Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.      □ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		names o agents O firm (hav	rinting on the patent front page of up to 3 registered patent of the patent string as a member a registered as a member a registered and the names of up to 2 regists or agents. If no name is listerinted.	attorneys or I of a single I attorney or 2 stered patent		

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE

Tyco Healthcare G	roup LP	Norwalk,	Connectic	ut, USA			
Please check the appropriate assignee categor	ory or categories (will not b	e printed on the patent);	individual 🗅	🛣 corporation or other private group entity	government		
Aa. The following fee(s) are enclosed:		4b. Payment of Fee(s)	:				
Gdssue Fee		☐ A check in the amount of the fee(s) is enclosed.					
☐ Publication Fee	☐ Payment by credit card. Form PTO-2038 is attached.  In the Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 21-0550 (enclose an extra copy of this form).						
☐ Advance Order - # of Copies							
Director for Patents is requested to apply the	Issue Fee and Publication	n Fee (if any) or to re-app 20, 700ろ	ply any previously	paid issue fee to the application identified abo	ve.		
(Numerized Signature)	(Date)						
Mark Farber Reg. No.	34,159						

NOTE; The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

10/24/2003 MBERHE1 00000018 210550 09912700

01 FC:1501 02 FC:1504 1330.00 DA 300.00 DA



# 10/2/103

### Docket No. 2657

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Kennedy et al.

Serial No.:

09/912,700

Examiner: Acquah, Samual A.

Filed:

July 25, 2001

Art Unit: 1711

For:

**High Consistency Absorbable Polymeric Resin** 

## **CERTIFICATE OF EXPRESS MAILING**

Date of Deposit: October 20, 2003 I hereby certify that the following:

Certificate of Express Mailing Label No.: <u>ET710031253US</u>

[x] This Certificate of Mailing

[x] Issue Fee Transmittal Form-Part B

[x] Return postcard

are being deposited with the United States Postal Service first-class mail on the Date of Deposit indicated above in an envelope addressed to Mail Stop Issue Fee, Commissioner for Patents, P.O.

Box 1450, Alexandria, VA 22313-1450.

Rebecca Layman

Mark Farber C/O TYCO HEALTHCARE GROUP LP 150 Glover Avenue Norwalk, CT 06856 203-845-1059